

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	09/944,341-Conf. #9771
		Filing Date	September 4, 2001
		First Named Inventor	Tsuneo SATO
		Examiner Name	A. M. Richer
		Art Unit	2628
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0649-0799P
TOTAL AMOUNT OF PAYMENT		(\$) 130.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)			Fees Paid (\$)
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES									
								Small Entity	
								Fee (\$)	Fee (\$)
Fee Description									
Each claim over 20 (including Reissues)								52	26
Each independent claim over 3 (including Reissues)								220	110
Multiple dependent claims								390	195
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)		Multiple Dependent Claims	
9		- 20 or HP		x		=		Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)			
4		- 4 or HP		x		=			
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)	
		- 100 =		/50 =		(round up to a whole number) x		=	
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month								130.00	

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent)
Name (Print/Type)	Michael K. Mutter		29,680
		Date	March 6, 2009